

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH PTO-875)

SERIAL NO.

FILING DATE

10/540961

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		12					53						
4		27					54						
5		10					55						
6		07					56						
7		10					57						
8		07					58						
9		10					59						
10		07					60						
11		10					61						
12	1						62						
13		1					63						
14		1					64						
15	1						65						
16		1					66						
17		1					67						
18		1					68						
19		12					69						
20		07					70						
21		10					71						
22		07					72						
23		10					73						
24		07					74						
25	1						75						
26	1						76						
27	1						77						
28		1					78						
29		12					79						
30		07					80						
31		10					81						
32	1						82						
33		1					83						
34		12					84						
35		07					85						
36		10					86						
37	1						87						
38	1	07					88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	7	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	29	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	36						TOTAL CLAIMS						